United States Environmental Protection Agency Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested

WEPA Notification of Hazardous W	laste A	ctivity	3010 of	required by the Resource overy Act).	law (Section Conservation
For Official Use Only					
C Comments	S				
c					
	pproved (Oate Receipter Mo.	ived day)	08	
FIADO22384200 T/A C	8	609	04	Harr'	ison
I. Name of Installation					
WARNER IMPLEMEN	T	/ NC			
II. Installation Mailing Address					
C PO BOX / 2 Street or P.O.	Вох				
City or Town			St	ate Z	ZIP Code
III Location of Local Living				115/	15/7/9
III. Location of Installation Street or Route N	lumber				
GBUSS BROWN DR.				ate Z	IP Cod-
EWOODBINE 1			Z,	451	ZIP Code
IV. Installation Contact Name and Title (last, first, and job title)		Pho	ne Number	r (area code ar	nd number
EWAKEHOUSE Shir	Ley	7/	26	472	702
V. Ownership A. Name of Installation's Legal Owner			B. Type	of Ownership	(enter code)
R WARNER IMPLIA	10			P	2336/
VI. Type of Regulated Waste Activity (Mark 'X' in the appropri	iate boxes.	Refer to ins	tructions		
A. Hazardous Waste Activity		B. Used O	Dil Fuel Act	Control of the same	
2. Transporter	(enter 'X' ar	cation Used Oi nd mark appro	priate boxe	思潮温 "班"、"大汉的是代》	
3. Treater/Storer/Disposer 4. Underground Injection		nerator Market	ting to Burn	er	
5. Market or Burn Hazardous Waste Fuel	b. Oth	er Marketer ner			
(enter 'X' and mark appropriate boxes below) a. Generator Marketing to Burner b. Other Marketer	7. Specificatio	ner on Used Oil Fue Claims the Oil I	el Marketer Meets the S	(or On site Bo	urner)
☐ c. Burner	TARRY TO		Caracter and a		
VII. Waste Fuel Burning: Type of Combustion Device (enter'X' in which hazardous waste fuel or off-specification used oil fuel is burned. See inst	n all appropr tructions fo		 	1 1818 88 1 8 11 1 12 12	
☐ A. Utility Boiler ☐ B. Industrial Boile	er				
VIII. Mode of Transportation (transporters only — enter 'X' in t	10 mm	RCD7 -	RO041		D
A. Air B. Rail C. Highway D. Water E. Other (sp.	ecify)	AADA	NECORD	S CENTE	K
Mark 'X' in the appropriate box to indicate whether this is your installation's	first notificat	ion of hazardo	ous waste	ctivity or a si	ubsequent
notification. If this is not your first notification, enter your installation's EPA ID I	Number in the	e space provide	ed below.		
☐ A. First Notification ☐ B. Subsequent Notification (complete item C)		C. Int	Landtion's	EPA ID Numbe	JI I

		The second secon		For Official Ose Offi	ID — For Official Use Only				
		C			T/A				
escription of Haza	ardous Wastes (co	ontinued from front)							
zardous Wastes from	Nonspecific Sources.	Enter the four-digit numles. Use additional sheets	per from 40 CFR Part 261	.31 for each listed ha	azardous waste				
1 I	2	3	4 1 1	5	6				
Naja	Dalac	1000	tand						
1000	1100	H004	MOOT						
7	8	9	10	11	12				
100 / 1000	19 19								
zardous Wastes from	Specific Sources. Ent	er the four-digit number to additional sheets if neces	from 40 CFR Part 261.32	for each listed hazard	dous waste from				
	14	15	16	17	18				
13									
			*						
19	20	21	22	23	24				
25	26	27	28	29	30				
ommercial Chemical P	roduct Hazardous Wa	stes. Enter the four-digit	number from 40 CFR Pai	rt 261.33 for each che	emical substance				
our installation handles	which may be a hazar	dous waste. Use addition.	al sheets if necessary.						
31	32	33	34	35	36				
	7-1-1								
37	38	39	40	41	42				
43	44	45	46	47	48				
43									
					vole veterinery box				
sted Infectious Wastes tals, or medical and res	s. Enter the four-digit is search laboratories you	number from 40 CFR Part ir installation handles. Us	e additional sheets if nec	essary.	idis, veterinary ilus				
49	50	51	52	53	54				
haracteristics of Nonli	sted Hazardous Waste	es. Mark 'X' in the boxes	corresponding to the char	racteristics of nonlist	ed hazardous wast				
our installation handles.	(See 40 CFR Parts 26	1.21 — 261.24)			/				
1. Ignitable (D001)	C	2. Corrosive (D002)	☐ 3. Reactive (D003)		4. Toxic (D000)				
Certification				COMPARED IN					
l certify under pena	d documents and	ave personally exami I that based on my in at the submitted info	nauiry of those indiv	iduals immediate	ely responsible				
optaining the information the second	nation, i believe th at penalties for sub	mitting false informa	tion, including the p	ossibility of fine a	nd imprisonme				
nature			cial Title (type or print)	Dat	te Signed				
	1 /	1	house Par	THE STATE OF THE S	7-14-86				

RECEIVED
SEP 4 1986

IOWA SECTION